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Application Number

10	807, 928		
Filing Date	7	5	wb4
First Named Inventor	woulfon, Reynolds TI		
Art Unit	Examiner Name	Saunders, Thurss	
Attorney Docket Number	Attorney Docket Number		

hereby revoke all previous powers of attorney given in the above-identified application. A Power of Attorney is submitted herewith. OR I hereby appoint the practitioners associated with the Customer Number: 62232 Please change the correspondence address for the above-identified application to: The address associated with 62232 Customer Number: OR Firm or Individual Name Address City State Zip Country Telephone **Email** am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Name Musultor Date Telephone NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*

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